

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42625
1003- Registrar's No. 10646

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY /			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2179		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4238 SHAW AVENUE			d. STREET ADDRESS (If rural, give location) 17 4238 SHAW AVENUE		
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE		b. (Middle) B.		c. (Last) MORISON	
4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 11, 1950					
5. SEX FEMALE /	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /		8. DATE OF BIRTH OCTOBER 29-1883	
9. AGE (In years last birthday) 67		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) CLEVELAND, OHIO /	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME UNKNOWN BURTON		13b. MOTHER'S MAIDEN NAME ESTELLE FAULKNER		14. NAME OF HUSBAND OR WIFE MR. A. M. MORISON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MR. A. M. MORISON 4238 SHAW AVENUE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery occlusion INTERVAL BETWEEN ONSET AND DEATH few minutes ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating: the underlying cause last. DUE TO (b) Arterial Hypertension many years DUE TO (c) Arteriosclerosis many years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina Pectoris - Two inches			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 10:25 10:50, to 11:10, 1950, that I last saw the deceased alive on 11-10, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Lillian R. Pickett		(Degree or title) M.D.		23b. ADDRESS 5233 Waterman Dr.	
23c. DATE SIGNED 12-11-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-13-50		24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY	
24d. LOCATION (City, town, or county) (State) ST LOUIS, MISSOURI					
DATE REC'D BY LOCAL REG. DEC 13 1950		REGISTRAR'S SIGNATURE J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON AND SONS 7233 DELMAR BLVD	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 405-2

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.